

## Version 3

Utah State Dept. of Health  
Division of Health Care Financing

270/271COMPANION GUIDE

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### Utah Specific Transaction Instructions

270/271 Health Care Eligibility Benefit Inquiry & Response  
ASCX12N 270/271 (004010X092A1)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 270/271 Version 4010 implementation guide has been established as the standard of compliance. Utah Medicaid will implement the Addenda corrections for the Health Care Eligibility Benefit Inquiry and Response (004010X092A1). The implementation guide is available electronically at [www.wpc-edi.com](http://www.wpc-edi.com). The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide.

#### Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at [www.UHIN.com](http://www.UHIN.com).
2. A Utah Medicaid EDI Enrollment form must be completed and on file prior to the submission of eligibility inquiries. The form is available at [www.health.utah.gov/hipaa/medicaid](http://www.health.utah.gov/hipaa/medicaid). Transactions submitted without an Electronic Transmitter Identification Number (ETIN) or Trading Partner Number (TPN) on file with Medicaid will be rejected back to the sender.
3. 270/271 transactions may be sent 24 hours a day, 7 days a week. Initially all transactions will be processed as batch transactions. Real time transactions will be available at a later date.
  - a. Batch transactions received by 6:00 p.m. will be processed and a response will be available by noon the next business day.
  - b. Real time transaction will be processed and a response will be available within a 1 minute time frame. The Medicaid eligibility real time transaction is available Monday through Saturday from 6 a.m. to midnight, and Sunday noon to midnight.
4. A 997 Functional Acknowledgment will be created for all batch 270/271 transactions.
5. All references to Medicaid are used for simplicity, but other programs supported by Health Care Financing (HCF) are also included, e.g.,

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Non-Traditional Medicaid, Primary Care Network, IHC Access, Baby Your Baby, etc.

6. Information regarding co-pay, co-insurance or deductible will not include specific amounts (refer to your provider manual). If no information is included in the response regarding co-pay, co-insurance or deductible, there is no patient responsibility.

<b>270 Eligibility Inquiry</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Values / Comments</b>
45	2100A	NM101	Entity Identifier Code	"PR"
45	2100A	NM102	Entity Type Qualifier	"2"
45	2100A	NM103	Information Source Last or Organization Name	"Utah Medicaid FFS"
46	2100A	NM108	Identification Code Qualifier	"46"
46	2100A	NM109	Information Source Primary Identifier	"HT000004-001"
51	2100B	NM102	Entity Type Qualifier	"1" - Provider "2" - Group
54	2100B	REF01	Reference Identification Qualifier	"1D"
56	2100B	REF02	Information Receiver Additional ID	Use the 12 digit identifier assigned by Utah Medicaid. Provider ID must be valid and in current open status or open for the date requested.
70	2000C	TRN02	Trace Number	Provider specific trace number
72	2100C	NM103	Subscriber Last Name	Patient's last name
72	2100C	NM104	Subscriber First Name	Patient's first name

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<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Values / Comments</b>
73	2100C	NM108	Identification Code Qualifier	"MI"
73	2100C	NM109	Subscriber Primary Identifier	Use the 10 digit identifier assigned by Medicaid. Do not submit hyphens or spaces.
75	2100C	REF01	Reference Identification Qualifier	"SY" - if Medicaid ID is unknown
76	2100C	REF02	Subscriber Supplemental Identifier	Patient's social security number
84	2100C	DMG02	Subscriber Birth Date	Patient's birth date
88	2100C	DTP01	Date Time Qualifier	"307" - Only eligibility inquiries are supported by Utah Medicaid.
88	2100C	DTP03	Date Time Period	<p>Date must be for a specific month or specific date.</p> <p>Medicaid will not process a request that crosses multiple months.</p> <p>If no date is submitted, Medicaid will default to the date the request is processed.</p>
90	2110C	EQ01	Service Type Code	<p>"30" - Health Benefit Plan Coverage</p> <p>Other values will be accepted, however initial implementation will treat all requests as a "30".</p>

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<b>271 Eligibility Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Values / Comments</b>
161	2000A	AAA03	Reject Reason Code	“41” - No trading partner agreement is on file with Utah Medicaid to process 270/271 transactions. “42” - Medicaid is unable to process the transaction at the current time. “79” - Invalid Provider’s Medicaid ID
185	2100B	AAA03	Reject Reason Code	“43” - Invalid/missing Provider’s Medicaid ID “50” - Provider’s enrollment is not currently open status or open for the date requested
189	2000C	HL04	Hierarchical Child Code	“0” - The subscriber is always the patient, there are no dependents in Utah Medicaid.
191	2000C	TRN02	Trace Number	Trace number as submitted on 270 inquiry
194	2100C	NM103	Subscriber Last Name	Patient’s last name as listed for Medicaid eligibility.
194	2100C	NM104	Subscriber First Name	Patient’s first name as listed for Medicaid eligibility
194	2100C	NM105	Subscriber Middle Name	Patient’s middle name as listed for Medicaid eligibility
195	2100C	NM108	Identification Code Qualifier	“MI”
195	2100C	NM109	Subscriber Primary Identifier	10 digit identifier assigned by Utah Medicaid

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<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Values / Comments</b>
208	2100C	AAA03	Reject Reason Code	“42” - Medicaid is unable to process the transaction at the current time. “52” - Provider’s enrollment is not currently open status or open for the date requested. “56” - Dates cross multiple months “57” - DOS invalid/missing “58” - DOB invalid/missing “62” - DOS is prior to the 3 year history of eligibility maintained by Medicaid. “63” - DOS in future. Medicaid eligibility is determined monthly. “64” - Patient ID is invalid/missing. Information is needed for verification of eligibility. “65” - Patient Name is invalid/missing. Information is needed for verification of eligibility. “67” - Medicaid is unable to locate an eligibility record for the patient. “68” - Duplicate patient ID. There are multiple matches in Medicaid’s eligibility records.
211	2100C	DMG02	Subscriber Birth Date	Date of Birth as listed for Medicaid eligibility
211	2100C	DMG03	Subscriber Gender Code	Gender as listed for Medicaid eligibility

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Page	Loop	Segment	Data Element	Values / Comments
216	2100C	DTP01	Date Time Qualifier	"307" - Only eligibility inquiries are supported by Utah Medicaid
217	2100C	DTP03	Date Time Period	Date relating to eligibility information provided
219	2110C	EB01	Eligibility Benefit Information	"1" - Medicaid eligible "3" - Enrolled in managed care organization or capitated plan. "6" - Not eligible for Medicaid "A" - Co-insurance due. Refer to Medicaid Provider Manual for amount. "B" - Co-payment due. Refer to Medicaid Provider Manual for amount. "C" - Deductible due. Refer to Medicaid Provider Manual for amount. "L" - Enrolled with a Primary Care Provider. "N" - Restricted to a primary care provider and/or pharmacy. "R" - Third Party Liability (TPL)
226	2110C	EB04	Insurance Type Code	"MC" - Medicaid "OT" - Other "HM" - HMO "PR" - PPO
228	2110C	EB05	Plan Coverage Description	Name of insurance plan administered by Health Care Financing (HCF), e.g., Non-Traditional Medicaid, Primary Care Network, IHC Access, etc.

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Page	Loop	Segment	Data Element	Values / Comments
250	2120C	NM101	Entity Identifier Code	“13” - Contracted provider, e.g. mental health organization, CHP, etc. “P3” - Primary Care Provider or Lock-in Provider “PR” - HMO or TPL
251	2120C	NM103- NM105	Benefit Related Entity Last or Organization Name	Name or organization of entity listed above.
252	2120C	NM108	Identification Code Qualifier	“MI” - If TPL present.
253	2120C	NM109	Benefit Related Entity Identifier	TPL Identification Number
254	2120C	NM301- NM302	Benefit Related Entity Address Line	Address of HMO, capitated plan or TPL listed above
255	2120C	N401-N406	Subscriber Benefit Related City/State/ ZIP Code	Address of HMO, capitated plan or TPL listed above
258	2120C	PER04	Benefit Related Entity Communication Number	Phone number of HMO or capitated plan listed above